21503 60319	37480 9		State of Ne Investig		Moto	r Vel	hicle	e A	ccid	er	nt Re	eport	,	Shee	et 1	of _	2
2 Total Number			IDISTRICT OCC							I	HIT & RUI		INVESTIGATION MADE AT SCENE?				
A/1	of Vehic		District 063 Case No. B5-085307					YES (In Mi			**	STATE US	YES		NO	1	
01	OF ACCIDENT		4/2015 S M T V					TH F S TIME OF 1349									
A/2			. POLICE						Ε	1350							
	PLACE OF	COUNTY	Lancaster						NOTIFI	ED	1	09/15	/201	15			
в 88	ACCIDENT	CITY	Lincoln								PRIVATE PROPERT	LATITUDE				-	
<b>00</b>	ROAD O ACCIDENT										ONE-WAY STREET?						
1	DISTANCE		FEET N S E W OF MILEPOST				HIGHWAY NO.					LONGITUE	ÞΕ			1	
D		IF AT INTERSECTION						IF NOT AT INTERSECTION									
1	NAME OF INTER			INTERSECTING ROADWAY X				MILES	N S	E		T, BRIDGE	, BRIDGE, RAILROAD CROSSING				
V1/M		IF ACCIDENT WAS OUTSIDE CITY L					1.00	ICATE I	DISTANC	X   28							4
16 V2/M	MILES		N S E	W AND MILES	VAS OUTSIDE		S E	<b>W</b> OF	NEAREST Y OR TOW		KOW NEAR	KEST TOWN					
01	_		DO DO D4			04 00					- 00 !	DOES ACCID	ENT INVO	VE D	AMAGE	- TO	4
E	R. WORK ZONE	R1	R2 R3 R4		SIFICATION	S1 S2	S3 5					STATE DEPT.	OF ROAD	S' PR			
1	CODES	30523											S X NO				4
F	DRIVER					VE	HICLE	NO. 1				STATE		-	-v C	FEMALE	-
1	<b>LICENSE</b> DRIVER		NO.						PHONE			(Of License)	LOCAL N		<sup>EX</sup> ∝	MALE	-
V1/N <b>1</b>	Jose I H		dez		OLTV. OTA	TE 710			402	471	2488	DATE OF					_
V2/N			Street, Lincoln, NE 68503								DATE OF BIRTH (MM / DD / YYYY)			02/12/1994			
1	JOSE I	HFRN	PHONE LOCAL NO.										18 V1/2				
G 1	OWNER ADDRI	ESS	CITY, STATE, ZIP CITATION							<b>X</b> ⊃YES	CITATION		•		1		
<b>4</b>		I 32nd Street, Lincoln, NE 68503								PENDING NO YEAR 2015			LD40	LB481126 STATE NE			V1/3
2	LICENSE PLATE	PA	NO. TSH187	MAKE	MOE	DEL	1	BODY ST	YLE	(Pla	ate Expires)	2015	ESTIMATED I	(Of P	,	NE	V1/4
V1/O	VEHICLE		1998 Honda Accord						or Sed	an brown <			TOTALED \$ 1000				
2	VEHICLE ID NO. (VIN)	1H0	HGCG5645WA100793					INSURANCE COMPANY  NONE					V1.				
V2/O <b>2</b>	TOWED TO	'	TOWED BY POLICY NO.										- 18 V1/6				
ı					1	VE	HICLE	NO. 2									35
1	DRIVER LICENSE							STATE (Of License)				NE	NE SEX FEMALE				
V1/P	MARY A	LOSI	LOSH					PHONE 4025601126				LOCAL NO.				V2/1	
1 V2/P	DRIVER ADDRI	ADDRESS CITY, STATE, ZIP						DATE OF BIRTH (MM / DD / YYYY				07/27/1946				18	
1		212 W LAKESHORE DR, LINCOLN, NE 68528 WARY A LOSH						PHONE				LOCAL NO.				V2/2	
J		MARY A LOSH WNER ADDRESS CITY, STATE, ZIP							4025601126 CITATION YES				CITATION NO.				V2/3
01		N 32nd Street, Lincoln, NE 68503							PENDING X NO								
V1/Q 4	LICENSE PLATE	PA	NO. TAF198								YEAR ate Expires)	2016		STA (Of P	TE late)	NE	V2/4
<b>4</b> V2/Q	VEHICLE	YEAR	2012	Chevrol	et C	ruz		BODY ST	or Sed	an	color white		STIMATED I	DAMAG	800		V2/5
4	VEHICLE ID	16	1P I5SC3C7		0.	7142		1 400	<i>5</i> , 000	u	INSURANC	E COMPANY		- •			18
K	NO. (VIN) TOWED TO	.0	1PJ5SC3C7381914 TOWED BY						Nationwide POLICY NO.							V2/6	
01		Comn	lote this or	otion for	, all inius	od nov	2000					364140	1	2	3	4	35 5 254
			olete this se oplete a continuati	on report, if n	nore than three							OF BIRTH DD / YYYY)	Seat Position	Eject	Body Region		ans. SEX
VEH. #	/EH. # NAME ADDRESS MARY A LOSH 212 W Lakeshore Drive, Lincoln, NE 685				E 68528	8 EMS SERVICE NAME			0	7/27/19	01	1	05	4 1	ı F		
2	LOCAL NO.   MEDICAL FACILITY NAME											EMS RU	EMS RUN REPORT NO.				
VEH. #	NAME ADDRESS																
			MEDICAL ELSE	NAME			TEMO 25-	N/ICE ****	AF.				E110 D	N. DEE	DET 1:2		
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	RVICE NAM	/IE				EMS RU	N KEP(	JK1 NO.		
VEH. #	NAME		1	AD	DRESS		1										
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	RVICE NAM	ИΕ				EMS RU	N REPO	DRT NO.		

	THE FOLLOWING	NEODMATIO	N IS REQUIRED FO	OP ALL ACCIDEN	Te				
	THE FOLLOWING		BY DIAGRAM WHAT HAP	PENED AGE	NCY CASE NO 5-085307	).			
Indicate North by Arrow									
			POI unable to be	( N = )					
	. Jakin s	Street	determined-vehicles moved						
	.				•		·	•	
				— — — .				·	
		O Street		<u>6</u>					
				Not To Scale					
	DESCRIPTI	ION OF ACCIDENT	BASED ON OFFICER'S II	NVESTIGATION					
■ OBJECT DAMAGED OWN	NER NAME	ADDRESS		PHONE		APPROX. C	OST OF D	MACE.	
LT ER I				PHONE		\$ APPROX. COST OF DAMAGE			
	NER NAME	ADDRESS		l su	\$ PHONE				
NAME NAME		ADDRESS							
NAME		ADDRESS	5		PF	HONE			
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMPA	ED AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTA OCCUPA		2	EH 1	
NO. N S E VV HIGHWAY NAME	(Enter numbers for	,	4	2	ALCOH TESTIN		Driver No. 2	Pedes- trian	
1 X O X O		VEHICLE 2 POINT OF IMPACT 05	4	1 None used - vehicle occupa	ALCOHO LEVEL TESTE		Y N X	Y N	
1 01 06 Turning left	MOST	MOST DAMAGED 05	<ul><li>1 Deployed - front</li><li>2 Deployed - side</li><li>3 Deployed - both front/side</li></ul>	2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used	BAC LEV				
2 11 07 Making U-turn 08 Entering traffic lane	On None 02	AREA   03   04	4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	, DR	OHOL/ RUGS PECTED	Driver No. 1	Driver No. 2	
01 Essentially 09 Leaving straight ahead traffic lane 02 Backing 10 Parked	09 Top & windows		VEHICLE 2	9 Restraint use unknown VEHICLE 2		<ol> <li>Neither alcohol nor dru</li> <li>Yes - alcohol suspected</li> </ol>		spected	
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic Passing 12 Other	11 Total (all areas)	07 06	- 4	-	3 Yes - drugs suspected 4 Yes - alcohol & drugs sus 5 Unknown			ted	
05 Turning right 13 Unknown OFFICER NO.	TROOP/ TEAM/ BEAT SW	DEPARTM	MENT		Photographs YES				
1426 INVESTIGATOR NAME (Print or Type)	BEAT SVV	INVESTIGATOR SIGNA			DATE O	taken? X NO			
Megan Schreiner		Approved by	REPORT 09/15/2015						